

Amiodarone Peripheral Infusion Guidelines

A Nursing Study to Reduce Patient Harm

1. Use a dedicated line

- Assure no other medication is injected or infusing with Amiodarone
- Assure you always have two lines. One for the Amiodarone and one for other medications the patient may need.

2. Assess the IV site prior to infusion

- Assess for pain, redness, and assure an adequate flush with 10 mL normal saline.
- If any issues, notify IV therapy and document infiltration and phlebitis scale.
- Let IV Therapy know this line is for “Amiodarone”
 - i. Use the smallest catheter possible in the largest vein.
 - ii. Never use an area of joint flexion
 - iii. Use a catheter stabilization device, such as a statlock.

3. Use a separate filter for the Amiodarone bolus and infusion.

4. Check the site after the bolus, and remove the IV for any pain.

5. Instruct patient to immediately notify you for any pain, redness or other changes.

- Remove the IV at the first sign of pain (does not have to be red to begin vein irritation)
- Continue the infusion through a different IV catheter.

6. Include the IV site inspection (not just the drip) during change of shift report.

7. At the first sign of pain redness, infiltration or phlebitis, aspirate as much medication from the catheter as possible and then discontinue the IV.

- Clean area with CHG
- Apply ice pack.
- Elevate the affected arm.
- Complete UOR (incident report)

References:

- Hadaway, Lynn (2012) personal contact through email. 4/3/12.
- PSVMC Department of Nursing Procedure Manual. Treatment of Infiltration. Critical Care Policy and Procedure Manual.
- Infusion Nursing Society Standards

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